

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90008 029 ****61.25

DOCUMENT # N96000001977

1. Entity Name

WHEELS OF EXCELLENCE, INC.

Principal Place of Business

Mailing Address

**3720 W OAKLAND PARK BLVD
 LAUDERDALE LAKES FL 33311**

**3720 W OAKLAND PARK BLVD
 LAUDERDALE LAKES FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0718377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOMERS, DAVID W
 3720 W OAKLAND PARK BLVD
 LAUDERDALE LAKES FL 33311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **GADO, PETER**
 STREET ADDRESS **6336 NW 63 WAY**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **D** ☐ Change ☒ Addition
 NAME **~~FRANK~~ FORD, FRANK**
 STREET ADDRESS **5103 NW 35 ST. #504-D**
 CITY-ST-ZIP **Lauderdale Lakes, FL 33319**

TITLE **DT** ☐ Delete
 NAME **SHOMERS, DAVID**
 STREET ADDRESS **4240 NW 36 WAY**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** ☐ Delete
 NAME **RAYMOND, DANIEL N**
 STREET ADDRESS **4245 NW 52 AVE**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HUTCHINSON, THOMAS N**
 STREET ADDRESS **5574 SW 7 PLACE**
 CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BOROS, DAVID**
 STREET ADDRESS **4910 SW 11 CIRCLE**
 CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MAIELLO, VINCENT**
 STREET ADDRESS **123 DEERCREEK BLVD #204**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David W. Shomers **DAVID W. SHOMERS** 2/15/01 954-4860942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)